

Docket No.: E7900.2009/P2009
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Uwe Schnitzler et al.

Application No.: 10/577,297

Confirmation No.: 5152

Filed: April 27, 2006

Art Unit: 3739

For: APPARATUS FOR COAGULATING TISSUE

Examiner: Not Yet Assigned

**SUBMISSION OF REVOCATION OF PRIOR POWER OF ATTORNEY AND
APPOINTMENT OF NEW ATTORNEY AND STATEMENT UNDER 37 CFR 3.73(b)**

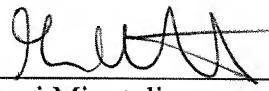
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Revocation of Prior Power of Attorney and Appointment of New Attorney and Statement Under 37 CFR 3.73(b) in relation to the above-captioned matter. In addition, please change the Attorney Docket Number for all correspondence associated with this application to Attorney Docket Number E7900.2009/P2009.

Dated: September 12, 2007

Respectfully submitted,

By 
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**REVOCATION OF
PRIOR POWER OF ATTORNEY
AND APPOINTMENT OF
NEW ATTORNEY**

	Application Number	10/577,297
	Filing Date	April 27, 2006
	First Named Inventor	Uwe Schnitzler
	Title	APPARATUS FOR COAGULATING TISSUE
	Group Art Unit	3739
	Examiner Name	Linda Dvorak
	Attorney Docket No.	E7900.0001

I hereby revoke all powers of attorney previously granted and hereby appoint:

<input checked="" type="checkbox"/> Practitioners at Customer Number	24998	Customer Number	
<i>OR</i>			
<input type="checkbox"/> Practitioner(s) named below:			

Customer Number Bar Code

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

<input type="checkbox"/> The above-mentioned Customer Number.		
<i>OR</i>		
<input checked="" type="checkbox"/> Practitioners at Customer Number	24998	
<i>Customer Number</i>		

Customer Number Bar Code

<input type="checkbox"/> Firm or Individual Name	Gianni Minutoli DICKSTEIN SHAPIRO LLP				
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I am the:

<input type="checkbox"/> Applicant/Inventor.	
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i>	

SIGNATURE of Applicant or Assignee of Record

Name	Christian Erbe	
Signature		
Date	01-16-2007	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

<input type="checkbox"/> *Total of <u>1</u> forms are submitted.
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